

COMMONWEALTH OF VIRGINIA
Certification of No Sales by Non-Participating Manufacturer
(Quarterly Deposits; Cigarettes)

Part 1: Tobacco Product Manufacturer Identification

Full Legal Name: _____

Address: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

Part 2: Date this certification was executed _____

For Sales Quarter Ending: _____

Complete a separate Certification for each Sales Quarter. Sales Quarters end March 31 (Certification due May 31); June 30 (Certification due August 31); September 30 (Certification due November 30); and December 31 (Certification due April 30 of following year).

Part 3: Brand Family(s): _____

Part 4: Certification

The Tobacco Product Manufacturer certifies that the company:

- (1) has elected not to become a participating manufacturer (as that term is defined in section II (jj) of the Master Settlement Agreement) and generally perform its financial obligations under the Master Settlement Agreement; and
 - (2) has not sold any cigarettes in the Commonwealth of Virginia, whether directly or through a distributor, retailer or similar intermediary or intermediaries, during the Sales Quarter, as measured by excise taxes collected by the Commonwealth on cigarette packs bearing the excise tax (revenue) stamp of the Commonwealth.
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Part 5: Affidavit of Tobacco Product Manufacturer (*must be executed by an authorized officer*)

Under penalty of perjury, I state that the information contained in this Certification of No Sales is true, correct and complete, and that I am a qualified company officer authorized to bind the Tobacco Product Manufacturer filing this Certification of No Sales.

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Date: _____ Signature: _____

Notary:

City/County of _____

Subscribed and sworn to before me on this date: _____

Signature: _____

My commission expires: _____

Mail fully executed Certification of No Sales to:

**Tobacco Section
Office of the Attorney General
202 N. 9th Street
Richmond, Virginia 23219**
